

EXHIBIT "C"

Section A
Categories 1, 2, & 3

Note: Installation number is used to establish a separate claim number where a building has more than one installation date of ACM.

1. Enter the Name and Street Address of the Building. (Post Office Box number is not acceptable)

Building Name 4140 CANAL STREET, INC.		
Street Address 4140 CANAL ST		
City NEW ORLEANS	State LA	Zip Code 70119

2. Enter the **Building Code** that best describes the building:

1. Airport-Hangar	8. Courthouse	14. Human resource Center	Code # <input type="text"/>
2. Airport-Service Area	9. Dormitory		
3. Airport-Terminal	10. Fire Station	15. Industrial plant	20. School
4. Apartment	11. Gym/Arena/ Civic Center	16. Library	21. Shopping Center/Mall
5. Armory		17. Museum	22. Warehouse
6. Auditorium/Theater	12. Hospital	18. Office Bldg	23. Other <input type="text"/>
7. Church	13. Hotel	19. Prison	

3. Enter the Name, Address, Title, and Telephone Number (with area code) of the Representative to whom communications should be sent regarding this building and to arrange for inspection:

Name RICHARD L KATZ	Title
Mailing Address 300 POYDRAS ST.	Firm Name
SUITE 1701 LYKES CTR.	Telephone #: ()
City, ST, Zip NEW ORLEANS, LA 70130-	Facsimile #: ()

4. **Enter Claimant information:** "Claimant" may be an Owner, Operator, or the class representative for a defined class action pursuant to the NGCA Procedures.

Name 4140 CANAL STREET., INC	
Mailing Address 4140 CANAL STREET	
	Telephone #: () 0000000000
City, ST, Zip NEW ORLEANS, LA 70119-	Facsimile #: () 0000000000

INSTALLATION/PRODUCT LOCATION

Section B
Categories 1a, 2, & 3

Claimant# - Building# - Installation#

Page 1 of 1
Of Section B

1.	Building Name	4140 CANAL STREET, INC.
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2.	Original Construction Period*	
3.	Installation Period for this Claim*	UNK

* NOTE: If the construction of ACM extended to more than one calendar year, please indicate all years in which the construction or installation projects took place.

	Product 1	Product 2
4. NGC Product Name(s)		
5. NGC Product Function(s)		

[illegible][illegible]

NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim**PRODUCT IDENTIFICATION**Section C
Category 3Claim # **006** - **0001** - **001**

Claimant# - Building# - Installation#

A. Indicate NGC Product Name(s): _____

B. Describe Product Function(s): _____

C. Check Appropriate Box(es) Indicating the Classification of Evidence of NGC ACM
(Product Identification Evidence):

Classification (I) Constituent Analysis	Classification (II) Affidavit	Classification (III) Documentation

Briefly Describe and Attach Product ID Classification
Documents: _____

D. Describe Product Identification Evidence if Other than one of the Classifications Above:

E. Is Evidence of ACM attached? Yes or No _____
(If "Yes", attach supporting documentation and list in Index C)F. Is Evidence of Proof of Quantity of ACM attached? Yes or No _____
(If "Yes", attach supporting documentation and list in Index C)G. Has Claimant Performed Constituent Analysis? Yes or No _____
(If "Yes", attach supporting documentation and evidence that sample(s) are representative and list in Index C)H. Pre-Existing Claimant? Yes or No _____
(If "Yes", attach pre-existing claimant supporting documentation and list in Index C)I. Attorney Certifying Claim Not Barred due to Statute of Limitations or Repose in the Applicable
Jurisdiction:

Name	Title
Mailing Address	Firm Name
	Telephone #: ()
City, ST, Zip	Facsimile #: ()

Applicable Jurisdiction: _____
Attach Affidavit Stating Reason Claim Not Barred and list in Index C.

[illegible]

NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim**COST DOCUMENTATION**Section D-1
Categories 1a,2,&3Claim # **006 - 0001 - 001**
Claimant# - Building# - Installation#Page _____ of _____
Of Section D

A separate Section D should be completed with Worksheets for each Abatement Project that is a part of this claim.
NOTE: More than one Section D form may be used for a single Abatement Project. List all cost documents which apply to this Abatement Project for this claim and include a copy as support.

A. Assign a sequential DOCUMENT NUMBER for each cost document enclosed with this claim beginning with 101 for the first Abatement Project; 201 for the second Abatement Project, etc. Number the cost document with the corresponding assigned number.

B. DESCRIPTION of document.

C. Enter the document TYPE CODE(S):

1. Scope of Work
2. Proof of Payment Document
3. Contract
4. Proof of Direct Claimant Payment
5. Document Substantiating In-House Abatement Work

D. Enter LOCATION(S) (1,2,3, or 4) corresponding to Section B LOCATION(S) to which the Cost Document applies.

E. Enter UNDUPLICATED DOLLAR AMOUNT of claim net of deductions for costs not allowed under the NGC Procedures. Attached Worksheet should clearly show the deductions taken for disallowed costs.

Year(s) of this Abatement Project _____

A	B	C	D	E
Document Number	Description	Code	Location(s)	Net Claim Amount (\$)
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
Total Amount of Net Claim Costs				

NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim**COST DOCUMENTATION****Section D-2**
Categories 1a,2,&3Claim # 006 - 0001 - 001
Claimant# - Building# - Installation#Supports Page _____
Of Section D-1

A Section D-2 and a Cost Documentation Worksheet(s) must accompany each Section D-1 to summarize and support Cost Documentation for each Abatement Project that is a part of this claim.

1. Year(s) of this Abatement Project _____
2. Scope of Work Performed _____

3. Locations Within this Building where Abatement Work was Performed as part of this Abatement Project. (Use Locations from Section B). _____

4. Summary of this Abatement Project for NGC ACM only.

DISPOSITION OF NGC ACM...	QUANTITY OF NGC ACM	NET COSTS ALLOWED UNDER NGCA PROCEDURES
Enclosed	SF	\$
Encapsulated	SF	\$
Removed (Previously Untreated)	SF	\$
Removed (Previously Enclosed)	SF	\$
Removed (Previously Encapsulated)	SF	\$

5. In Support of the Summary of this Abatement Project attach a Cost Documentation Worksheet which provides the following information for each Contract that is a part of this Abatement Project.
 - 5a. Name of Contractor ("Contractor" could be In-House Personnel).
 - 5b. Document Number from Section D-1 for each Document related to the Contract (or work performed by In-House Personnel).
 - 5c. Itemization of Costs, including a proration to exclude Abatement of non-NGC ACM and Costs not allowed under the NGCA Procedures.
 - 5d. Net Claim Amount for the Contract.
 - 5e. Additional Information, including Date of Work and Scope of Work.
 - 5f. Linkage of Abatement Cost and Location of NGC ACM.

NOTE: Sample Worksheets are included as an Attachment to the Instructions.

NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim**COST DOCUMENTATION**Section D-2
Categories 1a, 2, & 3Claim # **006 - 0001 - 001**
Claimant# - Building# - Installation#Supports Page _____
Of Section D-1

A Section D-2 and a Cost Documentation Worksheet(s) must accompany each Section D-1 to summarize and support Cost Documentation for each Abatement Project that is a part of this claim.

1. Year(s) of this Abatement Project _____
2. Scope of Work Performed _____

3. Locations Within this Building where Abatement Work was Performed as part of this Abatement Project. (Use Locations from Section B). _____

4. Summary of this Abatement Project for NGC ACM only.

DISPOSITION OF NGC ACM...	QUANTITY OF NGC ACM	NET COSTS ALLOWED UNDER NGCA PROCEDURES
Enclosed	SF	\$
Encapsulated	SF	\$
Removed (Previously Untreated)	SF	\$
Removed (Previously Enclosed)	SF	\$
Removed (Previously Encapsulated)	SF	\$

5. In Support of the Summary of this Abatement Project attach a Cost Documentation Worksheet which provides the following information for each Contract that is a part of this Abatement Project.
 - 5a. Name of Contractor ("Contractor" could be In-House Personnel).
 - 5b. Document Number from Section D-1 for each Document related to the Contract (or work performed by In-House Personnel).
 - 5c. Itemization of Costs, including a proration to exclude Abatement of non-NGC ACM and Costs not allowed under the NGCA Procedures.
 - 5d. Net Claim Amount for the Contract.
 - 5e. Additional Information, including Date of Work and Scope of Work.
 - 5f. Linkage of Abatement Cost and Location of NGC ACM.

NOTE: Sample Worksheets are included as an Attachment to the Instructions.

NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim

CLAIM SUMMARY

Section E
Categories 1,2,or 3

Claim # 006 - 0001 - 001

Claimant# - Building# - Installation#

1. Describe the quantity of NGC ACM in square footage for which this claim is made and the corresponding location(s) of same.
2. Recap the Total Allowed Costs for this Claim based on Abatement Activity and Allowed Cost Components.

\$ ALLOWED COSTS

	A	B	C	D
Description of Abatement Activity	Total Quantity Square Foot of NGC ACM	Locations by Number from Section B	Past Actual Cost (Prior to March 9, 1993)	Future Actual Cost (After March 9, 1993)
1. Enclosed (Later Removed)	SF		\$	\$
2. Encapsulated (Later Removed)	SF		\$	\$
3. Total ACM Removed	SF		\$	\$
Allowed Cost Per Square Foot of Total ACM Removed			3C+3D/3A	

4. Enclosed (Remaining)	SF		\$	\$
5. Encapsulated (Remaining)	SF		\$	\$
6. Unabated (Remaining)	SF		N/A	N/A
7. Total To Be Removed (Remaining)	SF Column A 4+5+6	N/A	N/A	N/A

TOTAL ALLOWED COSTS	\$ Column C 1+2+3+4+5	\$ Column D 1+2+3+4+5
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NGC SETTLEMENT TRUST PROPERTY DAMAGE CLAIM FORM

Abatement
Claim

CERTIFICATION

Section G
All Categories

Claim # 006 - 0001 - 001
Claimant# - Building# - Installation #

I hereby certify that the information contained in this claim form with the attached documentation is true and correct based upon a reasonable investigation of the facts.

DATED this _____ day of _____, 1994

Claimant: 4140 CANAL STREET., INC

By: _____

Title: _____

Print Name: _____

Address: _____

City, ST, Zip: _____

Telephone: _____

Facsimile: _____